

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Fund for a Working Congress

ADDRESS (number and street) P.O. Box 5262

Check if different than previously reported. (ACC) Takoma Park MD 20913

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00637041

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 05 / 24 / 2018 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Moore, Tyler, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Moore, Tyler, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Fund for a Working Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="480.00"/>	<input type="text" value="480.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="138612.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40000.00"/>	<input type="text" value="240000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="178612.42"/>	<input type="text" value="240480.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="161108.10"/>	<input type="text" value="222975.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17504.32"/>	<input type="text" value="17504.32"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="114271.02"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Fund for a Working Congress

Report Covering the Period: From: 05 / 24 / 2018 To: 06 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40000.00	240000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40000.00	240000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40000.00	240000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	40000.00	240000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40000.00	240000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	46482.50	61502.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46482.50	61502.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	114625.60	161473.18
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	161108.10	222975.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161108.10	222975.68

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40000.00	240000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40000.00	240000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	46482.50	61502.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	46482.50	61502.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

**A. A Public Voice**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 15094 Township Road 403

City Thornville	State OH	Zip Code 43076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2018

**Transaction ID : SA11AI.4235**

Amount of Each Receipt this Period  
20000.00

Memo Item

**B. A Public Voice**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 15094 Township Road 403

City Thornville	State OH	Zip Code 43076
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2018

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
20000.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40000.00
<b>TOTAL</b> This Period (last page this line number only).....	40000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

**A. 406 Enterprises, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 75727

City Washington State DC Zip Code 20013

Purpose of Disbursement Political Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. Capital Cornered, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 25 Bates Road

City Arlington State MA Zip Code 02474

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4222

Amount of Each Disbursement this Period: 20000.00

Memo Item

**C. Langdon Law, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cincinnati-Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4217

Amount of Each Disbursement this Period: 1402.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 31402.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

**A. Quincy Strategies, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75650

City Washington State DC Zip Code 20013

Purpose of Disbursement General Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4236

Amount of Each Disbursement this Period: 15000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46402.50



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="24342.37"/>	<b>Transaction ID : SD10.4161</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24342.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Social Media Advertising
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="4510.44"/>	<b>Transaction ID : SD10.4198</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4510.44"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="41825.52"/>	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="41825.52"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="70678.33"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="43592.69"/>	<b>Transaction ID : SD10.4200</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43592.69"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="21250.00"/>	<b>Transaction ID : SD10.4197</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4224</b>	
Amount Incurred This Period <input type="text" value="12562.80"/>	Payment This Period <input type="text" value="12562.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="43592.69"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Scott Howell &amp; Company</b>			Nature of Debt (Purpose): Television Advertising Production
Mailing Address 3900 Willow Street Suite 200			
City Dallas	State TX	Zip Code 75226	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4240	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
8250.00	8250.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	114271.02
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	114271.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Direct Mail Category/Type
Name of Federal Candidate: TIMMONS, WILLIAM R. IV, , , Support Oppose Office Sought: House District: 04 State: SC
Calendar Year-To-Date Per Election for Office Sought 0.00 Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Direct Mail Category/Type 004
Name of Federal Candidate: TIMMONS, WILLIAM R. IV, , , Support Oppose Office Sought: House District: 04 State: SC
Calendar Year-To-Date Per Election for Office Sought 12562.80 Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12562.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Moore, Tyler, , , [Electronically Filed] Date 07 / 15 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 05/22/2018
Amount 21250.00
Transaction ID: SE.4239
Date of Disbursement or Obligation 05/31/2018

Name of Federal Candidate: MORTENSEN, MICHELLE, ,
Support Oppose
Office Sought: House District: 03
President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 21250.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 06/02/2018
Amount 12562.80
Transaction ID: SE.4226
Date of Disbursement or Obligation 06/19/2018

Name of Federal Candidate: TIMMONS, WILLIAM R. IV, ,
Support Oppose
Office Sought: House District: 04
President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 93375.60
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33812.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Moore, Tyler, ,

[Electronically Filed]

Date 07/15/2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Fund for a Working Congress</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00637041</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Medium Buying, LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 06 / 06 / 2018		
Mailing Address 1351 King Avenue 2nd Floor			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>		
City Columbus	State OH	Zip Code 43212			
Purpose of Expenditure Television Advertising Placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4209</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 06 / 05 / 2018		
Name of Federal Candidate: HAMILTON, DANIEL KELLER WIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">72562.80</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 06 / 06 / 2018		
Mailing Address 3900 Willow Street Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8250.00</div>		
City Dallas	State TX	Zip Code 75226			
Purpose of Expenditure Television Advertising Production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4212</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>		
Name of Federal Candidate: HAMILTON, DANIEL KELLER WIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">12562.80</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Moore, Tyler, , ,

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2018

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Fund for a Working Congress</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00637041
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Scott Howell &amp; Company</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3900 Willow Street Suite 200		Amount <input type="text"/>	
City Dallas	State TX	Zip Code 75226	Transaction ID : <b>SE.4241</b>
Purpose of Expenditure Television Advertising Production		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HAMILTON, DANIEL KELLER WIL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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Moore, Tyler, , , **[Electronically Filed]**  
Signature Date  /  /